

Community Health And Healing Fund Application

Reviewed by: _____ **on:** _____ **Approved:** ___ **Declined:** ___
90 day Follow-up: Completed: _____ **Continued Services Needed:** _____

Name

Professional Title

Organization

E mail

Phone

Date Submitted:

1. Briefly describe the precipitating event.
2. Name and Contact Info for Community Coordinator or referral contact.
3. List other Community Resources that may be involved in supporting this activity?
4. Briefly describe what is needed at this time.
5. Please estimate the anticipated costs including both Provider Time and other costs.
6. Please list names and contact info for proposed providers used for this event.
7. How is this consistent with the NH State Suicide Plan and the mission of New Hampshire suicide Prevention Council?

Community Health And Healing Fund Application

COMMUNITY HEALTH AND HEALING FUND

OVERVIEW:

The Community Health and Healing Fund is provided with funding from the NH Bureau of Behavioral Health and SAMHSA Garrett Lee Smith Suicide Prevention Grant will support three core NH survivor activities coordinated through the NAMI NH Connect Program: the annual survivor newsletter, the NH Survivors of Suicide Speaker's Bureau, and the annual AFSP Survivor's of Suicide Teleconference. Any additional monies can be applied for by individuals and communities for financial support for other activities and events that provide support to survivors or communities following a suicide event or suicidal behavior. The advisory committee will oversee the Community Health and Healing Fund.

MISSION/VISION:

These funds are intended to assist individuals or communities promote health and healing following a suicide death.

TYPES OF INTERVENTIONS/SERVICES TO BE FUNDED:

The purpose of these funds is to fill gaps in regularly available funding and services. Therefore, it is not intended to limit the types of qualifying services or interventions. To qualify, however, they must be consistent with at least one of the following: Connect protocols, the NH Suicide Prevention State Plan or the mission of the SPC. Examples of appropriate services would include: provide technical assistance or acting as a facilitator to a community following a suicide; purchase of books or training materials; publicity or refreshments for a community forum/support group/education presentation; work with media to educate on media guidelines.

DECISION MAKING:

A three person panel will be responsible for making decisions regarding funding requests submitted for the fund. All three people on the panel will be active members of the SPC. The advisory committee members are Elizabeth Fenner-Lukaitis for the Youth Suicide Prevention Assembly, Marsha Chapple for the Suicide Prevention Council and Bernice Lopez-Stanizzi for NAMI NH. At least one member will be representing the NAMI NH Connect Project. Since some postvention services will require rapid intervention and deployment, initial decisions will be made within 48 hours after the request is received. When time is of the essence, two panelists can approve a request. Retroactive requests will be considered when necessary.

CRITERIA:

The proposed intervention must be consistent with at least one of the following: the Connect Protocols, the NH Suicide Prevention State Plan or the mission of the SPC. In addition, it must be related to improving healing of either a community or of individuals following a suicide or suicidal behavior. Proposals should be for services not reimbursed elsewhere (that is as a last dollar resource). The fund is not intended to supplant the work of community mental health centers or any existing volunteer efforts but rather to enhance them.

WHO:

Anyone can apply for or be the recipient of funds. Panelists will carefully screen the proposed providers of services. Preference will be given to active members of the SPC and or individuals who have had professional or personal training/experience with suicide postvention activities.

To apply, or for more information contact:

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Bernice Lopez-Stanizzi blopez@naminh.org 603-225-5359